



DEVELOPMENT SERVICES

Building Inspections, 6101 Frisco Square Blvd., 3rd Floor, Frisco, Texas 75034, Main (972) 292-5301, Fax (972) 292-5313, email: bldginsp@friscotexas.gov

CERTIFICATE OF OCCUPANCY APPLICATION

An incomplete application may delay the review process or cause denial of the application.

PERMIT NUMBER: CO1 _____ - _____

Project name	
D/B/A (if applicable)	
Project address (include suite no.)	
Nature of Business	
Renovations scheduled	(Please describe)

APPLICANT NAME & ADDRESS		EMAIL TELEPHONE FAX
BUSINESS OWNER NAME & ADDRESS		EMAIL TELEPHONE FAX
PROPERTY OWNER NAME & ADDRESS		EMAIL TELEPHONE FAX

Floor plan submitted? ☐ Yes, floor plan is included with submittal or ☐ No, written statement citing 'no changes to existing floor plan or structure' attached
 Business/property use: ☐ Retail ☐ Wholesale ☐ Manufacturing ☐ Religious ☐ Service ☐ Distribution ☐ Office ☐ Warehouse ☐ Medical ☐ Other
 Is this a new business? ☐ Yes or ☐ No Is this a change of ownership? ☐ Yes or ☐ No Is this a change of business name? ☐ Yes or ☐ No
 Current Occupant Load _____

Smoking is prohibited. Please visit www.friscotexas.gov/departments/planningDevelopment/Pages/MostRequestedOrdinances.aspxIs this a medical facility? ☐ Yes or ☐ No Is the building equipped with an automatic fire sprinkler system? ☐ Yes or ☐ NoWill you require a utility release prior to inspection or occupancy? ☐ Yes or ☐ No

- Electrical provider is ☐ Co Serv or ☐ Oncore
- Gas provider is ☐ Co Serv or ☐ Atmos Energy

(Note: If business is located within a Co Serv designated area, Co Serv is a cooperative and you will not be able to use a 3rd party)

AREAS:	Office space _____ sf	Restaurant _____ sf	Retail _____ sf	Sanctuary _____ sf
	Warehouse _____ sf	Manufacturing _____ sf	Other _____ sf	Square feet used for storage _____ sf
	Does this include 'fixed seating'? <input type="checkbox"/> Yes or <input type="checkbox"/> No How many in 'fixed seating' area? _____			
	Does this include 'patio seating'? <input type="checkbox"/> Yes or <input type="checkbox"/> No How many in 'patio seating' area? _____			
TOTAL	SF _____			

Please select: ☐ **YES**, if the occupancy / business involves storage, sale or use of the following: (Please check all applicable – below.)

- | | | |
|--|--|--|
| <input type="checkbox"/> Alcohol sales | <input type="checkbox"/> Flammable or combustible liquids (10 gallons or more) | <input type="checkbox"/> Poisonous / hazardous chemicals/acids |
| <input type="checkbox"/> Alcohol beverages | <input type="checkbox"/> Floor drains in building | <input type="checkbox"/> Recycling waste |
| <input type="checkbox"/> Bales of loose combustible fibers | <input type="checkbox"/> Food and/or beverage processing, storage or sales | <input type="checkbox"/> Smoking |
| <input type="checkbox"/> Cellulose nitrate film | <input type="checkbox"/> Food products | <input type="checkbox"/> Vehicle repair or garage |
| <input type="checkbox"/> Compressed gas | <input type="checkbox"/> High piled stock (over 12 feet in height) | <input type="checkbox"/> Vehicles within building/structure |
| <input type="checkbox"/> Dry cleaning (flammable solvents) | <input type="checkbox"/> Liquid propane | <input type="checkbox"/> Welding or cutting |
| <input type="checkbox"/> Dust producing process | <input type="checkbox"/> Magnesium | <input type="checkbox"/> Woodworking |
| <input type="checkbox"/> Explosives or ammunition | <input type="checkbox"/> Painting with flammables | <input type="checkbox"/> X-ray development |
| <input type="checkbox"/> Fireworks | <input type="checkbox"/> Other hazards (specify on the line provided below) | <input type="checkbox"/> Medical equipment |

Other hazards (please specify) _____

☐ **NO**, the occupancy or business does NOT involve storage, sale or use of the any of the above-noted. _____ initials**(A) FOOD ESTABLISHMENTS ARE REQUIRED TO COMPLETE A HEALTH PERMIT APPLICATION AND SUBMIT TO HEALTH & FOOD SAFETY.** If you have health-related questions, please contact Health & Food Safety at (972) 292-5304 or via email to health@friscotexas.gov.**(B) SIGNS:** Please review the current Sign Ordinance at www.friscotexas.gov/departments/planningDevelopment/Pages/MostRequestedOrdinances.aspx for submittal and permit requirements.☐ I hereby verify all sections of this application are completely filled out and accurate.

APPLICANT'S SIGNATURE _____

DATE _____

APPLICANT'S PRINTED NAME _____

TELEPHONE _____

CELL _____

FAX _____

Applications with 'original' signatures ONLY. Facsimiles, e-mails or other forms of electronic media transmissions will not be accepted.